

PROVIDER REQUEST FOR COURSE RENEWAL

Return this completed form with a check or Money Order for the application fee of **\$15 for each** course, (payable to NHAP) to the following address:

**Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416**

PLEASE PRINT OR TYPE

NAME OF PROVIDER	PROVIDER NUMBER	TELEPHONE NUMBER	
ADDRESS OF RECORD (STREET AND NUMBER)	CITY	STATE	ZIP CODE
TITLE OF COURSE		PRIOR COURSE APPROVAL #	
INSTRUCTOR NAME	HAS THE INSTRUCTOR CHANGED? YES or NO If yes, please attach CV.		COURSE FEE
PROVIDER E-MAIL ADDRESS			

*Maintenance of the information requested on this form is authorized by the Health and Safety Code. Signature below certifies this is a renewal of a course previously approved within the last two-year period and there have been no material changes to course content or course length. **Failure to provide any of the required information or to submit request 30-days prior to course date will result in the application being rejected as incomplete.***

SIGNATURE OF APPLICANT	DATE
NAME/TITLE	

DO NOT WRITE BELOW THIS LINE

Your request for course approval has been reviewed and the following decision has been made:

- ☐ The course is approved for full credit. ☐ NHAP credit is denied. See enclosed letter.
☐ The course is approved as an "Approved Course in Aging or Patient Care."
☐ The course is approved for half credit because it is in an allied field.

NHAP COURSE APPROVAL NUMBER	APPROVED BY	HOURS APPROVED
COURSE APPROVAL EXPIRATION DATE	DENIED BY	DATE
CASH #	AMOUNT	DATE CASHED